

PLEASE PRINT

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JUL 07 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

		- ~		DEPARTMENT
I. Name of Lobbyist(s	, Robert	J Saller	1	
	partnership, firm or c	(3	
NH MO	tar Irans e of partnership, firm or co	port assoc	iation	
P.O. BON 3	<u>(98</u>	Concord	NH	03309
				(Zip Code)
(03) <u>224-135</u> (Telephone)	L (63)	225-436) (Fax)	e-mail YJS Cu	lleyanhmta.on
III. This statement correportable expense tra	vers: (Choose one – file ansactions which are no	separate reports for e et attributable to any o	ach client, OR you may one client).	file a separate report for
All reportable transa	actions occurring in the i	nonths prior to the repo	orting date relative to the	following client:
New t	tampshire 1	Motor Tra	nsport As	sociation
OΡ	(Full Name of Client as it	appears on the Lobbyist Re	egistration Form)	
OR All reportable transa	ctions by the Johhvist (ir	cluding the lobbyict's f	amily) or the lobbying f	irm listed below which are
unrelated to any particul	ar client.	icidanig aic loodyist s i	aminy), or the loodying h	thi listed below which are
IV. Date of Report	April 26, 2017 🗍		July 26, 2017	
Reports cover: activity	from date of registration	to 3/31/17 activit	ty from 4/1/17 to 6/30/17	
ac	October 25, 2017 [] ctivity from 7/1/17 to \$.30/1	17 activi	January 31, 2018 [] ty from 10/1/17 to 12/31/17	
			ctions made since the ary of State's Office, Stat	
VI Check if additional				
			ndum A- Fees and Expe	
☐ If you have paid an I Expense Reimbursement		d expenses, you must fi	ile Addendum B Repor	t of Honorariums or
If you, your firm, or	your family has made po	olitical contributions, yo	ou must file Addendum	C- Political Contributions
Sworn Statement/Affiri	nation by Lobbyist			
I have read RSA 15, RSA and complete to the pest	A 15-B, RSA 14-C and R		ear or affirm that the fore	going information is true
(later 1)	all		7-6-17	·
(Signature of lobblist)	0		(Date)	
Rosard J (Print Name of lobbyist)	. Sour	1-		
A true traine of looolist)		•		

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Probert J.	Sculley	= \ accepted
II. Name of lobbyist's part		7	
New Hamps (Name of partn	hire motor	Lianopart as	sociation
(Name of partner	ership, firm or corporation)		
III. Name of Client New	Hampshire n	Notor Thans Ass	Date
to lobbying, including fees for	r services such as public	advocacy, government	that are related, directly or indirectly t relations, or public relations service oss fee amount reported shall not b
a) Total of all fees received in	this reporting period		a)\$ 2,700.00
b) Total of all fees received th (This should equal the tota			b) \$ <u>/(, 335.20</u> ear)
c) Total of all fees received to	date		16 596 55
(Add lines a and b)			0)\$ 19,035.00
d) Indicate the amount of any yet been paid	such fees that are due, b	ut have not	d) \$
ees. Separate reports are to be he lobbyist(s)/firm that are un expenses are to be reported in during the reporting period for ndividual expenses where the unch where the cost was \$25.0 reing lobbied, purchase of a ce c) an itemized statement of eac ny purpose not covered by (a eremonial object to be given	ne filed for expenditures in related to any one clie one of three categories as salaries, benefits, supprexpenditure was of \$25 to or less, purchase of a cremonial object given to the individual expenditure of the subject of lobby lative reception). Expenditure reception.	made relative to each cent a separate report mess of expenses: (a) the port staff, and office expenses (for example pen with a value of less of a person being lobbied a made during this reports of a meal with value ng with a value greater enses for honorariums,	ort all expenses made from lobbying lient and if expenditures are made by nay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all expenses purchased during a business s than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	ns
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from keyperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
<u> </u>	\$
<u> </u>	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	wheathe foregoing information
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
()	7_6-17 (Date)
Robert J. Scalley (Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

P. I. Name of Lobbyist(s) ROBERT J. SCULEY
II. Name of lobbyist's partnership, firm or corporation, if any:
N. H. NOTOR TRANSPORT ASSOCIATION (Name of partnership, firm or corporation)
Political Contributions
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:
Full name of candidate: MONSE CHUCK (Last Name) (First Name) (Middle Name/Initial)
Amount of contribution \$ 1,000.00 Office Candidate is Seeking SIATE SOUNT
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
Full name of candidate: SEVATE REPUBLICAL MAJORITY PAC (Last Name) (First Name) (Middle Name/Initial)
Amount of contribution \$ _ (UCO . OC Office Candidate is Seeking
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)
Full name of candidate: GODA GOB

If the contribution is an in-kind contribution, provide a description of	f the goods or services provided, and enter the		
actual cost of the in-kind contribution on the line above for amount o			
enter an estimated value and the word "estimate."			
	<u> </u>		
	·		
(If more than three contributions were made, report additional contributions	on separate addendum C forms.)		
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear	r or affirm that the foregoing information		
is true and complete to the best of my knowledge and belief.			
\bigcap \bigwedge			
Lat) culs	7.6-17		
(Signature of Jobbyist)	(Date)		
	, ,		
KOBERT J. SCULLEY			
(Print Name of lobbyist)			
,			

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P	I. Name of Lobbyist(s) NOBERT J. SCOULD
L E	II. Name of lobbyist's partnership, firm or corporation, if any:
A S E	N.61. MOTAL TRANSPORT ASSOCIATION (Name of partnership, firm or corporation)
P	III. Name of Client NH MORON TROUS POUT ASSU Date 7-6-17
	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:
	Full name of candidate: CARSON STORON (Middle Name/Initial)
	Amount of contribution \$ 350.00 Office Candidate is Seeking 51976 SENATI
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
	Full name of candidate: DANIES GARY (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 250.00 Office Candidate is Seeking SNATE SEWATE
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
	60.2.31
	Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 1, 2222, 90 Office Candidate is Seeking STATE SOUATE

(turn over to continue \rightarrow)

			····
(If more than three contributions	s were made, report addition	nal contributions on sep	parate addendum C forms.)
Sworn Statement/Affirm	ation by Lobbyist		
is true and complete to the			Affirm that the foregoing information of the